

Department of Correction — Intradepartmental Memorandum

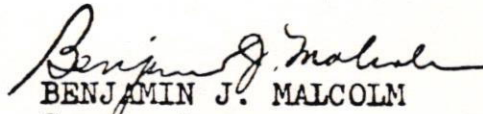
Date : August 16, 1974
From : Benjamin J. Malcolm, Commissioner
To : ALL MEMBERS OF THE EXECUTIVE STAFF & HEADS OF INSTITUTIONS
Subject : SUICIDE PREVENTION AIDE PROGRAM

For the past few months a Task Force has been working within the Department on a proposal for revising the current Suicide Prevention Aide Program.

Enclosed are copies of their report and the manual entitled, Suicide Prevention for your information and evaluation. A meeting will be held with all members of the Executive Staff, Heads of Institutions and members of the Task Force to fully discuss the proposed program before implementation. At that time your comments will be appreciated.

You will be notified as soon as the meeting has been scheduled.

BJM:nl


BENJAMIN J. MALCOLM
Commissioner

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Final

INMATE AUXILIARY MENTAL HEALTH AIDE TASK FORCE REPORT

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The concept of the Inmate Auxiliary Mental Health Aides, introduced temporarily in all male detention centers by Directive No. 8 dated February 22, 1972, was designed to provide assistance to the Observation Officer in sensitive areas. The Directive mandated that sentenced or detention inmates should be selected as "Suicide Prevention Aides" in sufficient numbers to provide adequate observation assistance on a twenty four hour, seven day a week basis in housing areas where the entire population is under special observation. It further mandated that it shall be the responsibility of each Mental Health Unit to provide a course of instruction in suicide prevention to each Aide. The assistance provided by the Inmate Aide was in no way intended to relieve the Observation Officer of the prime responsibility for suicide prevention. The procedure was instituted on a permanent basis by Directive No. 20 on May 25, 1972.

After having been in effect on a permanent basis for nearly a two year period of time, the program has without a doubt contributed to the overall success in reducing the number of possible suicides within special observation areas. Some of the obvious assets shown in the various institutions are:

1. Disturbed inmates tend to view Inmate Aide as someone with whom he can communicate more freely.
2. Because of Inmate Aide's awareness of institutional routines and periods of adjustments that are common to being incarcerated, he also possesses an awareness in most instances of those situations that frequently present a mental crisis for an inmate.

3. The Inmate Aides are physically located in the area in most institutions so that their presence is constantly felt. They can, therefore, observe and communicate with a disturbed inmate on a day to day basis for long periods of time in his daily environment.
4. They can then be able to identify crisis periods at the time of the crisis and may be able to successfully intervene. For example, when an inmate receives word of a death in the family or when he returns from a family visit or court appearance and is extremely upset or when he fails to receive a visit.
5. The Inmate Aide is frequently looked upon by fellow inmates as a friend, someone to confide in and someone to share his problems with.
6. The Inmate Aide can support an inmate in communicating to a professional who can help him especially if the inmate has a language barrier or is reluctant to seek or is unaware of services available to him.
7. Provides responsible employment and a sense of pride to Inmate Aide in knowing that he is helping someone.

While the original concept of providing Suicide Prevention Aides for all institutions was a sound one, problems persisted which needed addressing to by an objective Task Force Committee in order to ensure a sounder over all system of suicide intervention. Some of the problems encountered were:

1. The program is at present without any concrete guidelines from either the Department of Correction or the Department of Psychiatry. It's operation depends largely upon the Warden, his staff and the Mental Health staff of that particular institution.
2. Discrepancies as to who should provide training to Aides, if there is any training at all and if so how extensive it should be.
3. There are no Inmate Aides in the New York City Correctional Institution for Men or the New York City Correctional Institution for Women.

4. At the time of the writing of this report, the program had been temporarily suspended in the New York City Adolescent Detention Center due to an alleged attack upon a Correction Officer by Inmates Aides.
5. There is no uniformity of work hours. In some institutions Inmate Aides work twelve hour shifts on a seven day a week basis while in others, the hours range from a six to eight hour shift.
6. Lack of trained back-up Aides to cover shifts when regular help is not available.
7. Inadequate number of Aides to staff shifts especially at Rikers Island Hospital where coverage depends upon busing of sentenced help to and from the New York City Correctional Institution for Men.
8. Methods of selection are poor and diffuse depending upon the individual institution.
9. Upon selection and training of inmate for program, inmate may then be placed on overflow and consequently transferred.
10. Question of whether adolescent inmates are mature enough to assume responsibility of Suicide Prevention Aides.
11. Lack of uniformity in accountability or responsibility for entire program.
- ✓ 12. While most Correction Officers agree that the program can be an asset to the Department of Correction, the general feeling is that in many cases it is designed to usurp their authority.

The Task Force proposes a Team Work Approach Design for the operation of the program which should be renamed the Inmate Auxiliary Mental Health Aide Program, hereafter referred to as Inmate Aides. The design is intended to assist the team consisting of the Correction Officers, the Inmate Aides and the Mental Health staff in identifying suicidal risks and preventing self mutilations, attempted suicides and suicides.

It is recommended that such a system be implemented in all male institutions including Rikers Island Hospital on a twenty four hour, seven days a week basis with adequate coverage and a reserved trained staff with a modified plan in Bellevue and Kings County Prison Wards if necessary. Steps should be immediately taken to initiate the program to cover the entire cell area in the New York City Correctional Institution for Men. An alternate program will be outlined in this report for the New York City Correctional Institution for Women. The Correction Officer-Mental Health Staff Member-Inmate Aide Team will be the direct responsibility of the Suicide Prevention Unit to be established within each institution under the auspices of the Warden and the Prison Mental Health Director.

Implementation of the design will also provide a system of responsibility and accountability for all members of the team. It will also provide for a system of communication whereby information and knowledge will be available from institution to institution as a vehicle for learning and comparison of techniques, development, monitoring and evaluation.

Suicide Prevention Units

There will be a Suicide Prevention Unit in each Department of Correction Institution. Its membership will include:

1. A psychologist, psychiatrist, psychiatric social worker or other mental health professional.
2. Assistant Deputy Warden in charge of programs.
3. A Correction Officer (preferably one from a tier where the Suicide Prevention Team works).
4. A Mental Health Worker.
5. The Department of Correction Institutional Training Officer.
6. A civilian - Correctional Counselor, Addiction Specialist, Chaplain (optional).

The Suicide Prevention Unit will:

1. Establish lines of communication between each Suicide Prevention Unit for the purposes of information giving, information gathering, and the exchange of training skills and needs.
2. Receive training also from the Suicide Prevention Task Force.
3. Be responsible for the training of staff in its institution and the Suicide Team.
4. Be responsible for the supervision of the Suicide Team.
5. Be responsible for the selection and recruitment of the Auxiliary Mental Health Aides.
6. Be responsible for the assignments of the Auxiliary Mental Health Aides.
7. Be responsible for the evaluation of performance of each Auxiliary Mental Health Aide on a monthly basis utilizing information about each Aide from the Captains and Officers on the tier where he works, the Mental Health staff, and appropriate others.
8. Provide information and data to the Warden concerning the mental condition of the inmate and which might have bearing on his case when presented to the court, prosecution and defense attorneys.
9. Provide accessibility of the Institutional Director of Services available to the inmate to the Suicide Prevention Team.

The Coordinator will be the Mental Health Staff Member designated by the Director of Psychiatry. He will act as liaison between the Warden, the Unit and the Task Force.

The Unit will meet weekly or as often as necessary.

Inmate Mental Health Auxiliary AideJob Description

The Inmate Mental Health Auxiliary Aides will be an important member of the team approach designed to meet the needs of specially identified inmates housed in selected areas. He will:

Walk, Talk and Observe

1. Be assigned by the Suicide Prevention Unit to a specific geographical area that he will frequently patrol.
2. Observe inmates housed in that geographical area that he patrols and assist the Correction Officer and the Mental Health staff in the identification of:

unusual behavior

different behavior

suicidal behavior, and

3. Communicate that knowledge to the Correction Officer on duty, the Mental Health staff and/or the Medical doctor and other Inmate Auxiliary Mental Health Aides.
4. Also communicate pertinent details to Correction Officer on duty so that a written record may be kept of what he knows and observes. Such details would include changes in behavior, if an inmate does not speak English, what language he does speak, name, cell number and bed location. It is the responsibility of the Correction Officer to keep a written record of important information in the Special Observation Log Book.
- ✓ 5. Have a preventative role, for example, he will be aware of the periods of adjustments that inmates go through and help them through those periods by being alert, supportive in talking with them, and communicating that need for assistance to the Correction Officer, Mental Health staff, other Inmate Mental Health Auxiliary Aides and appropriate others.
- ✓ 6. Communicate to the Correction Officer any inmate's needs for first aid, medical or psychological attention or supportive services.
7. Assist the Correction Officer in carrying out these measures.

8. At no time take responsibility for resuscitative measures.
9. At no time take unnecessary risk which might endanger himself or others.
10. Be a member of the Suicide Prevention Team in that institution and be responsible for his actions to the Suicide Prevention Unit in that institution.

Selection Procedure

1. Inmate Mental Health Auxiliary Aides can be recruited through:
 - a) An announcement posted on each tier that states the required qualifications and instructions for self referral to the Suicide Prevention Unit.
 - b) Any uniformed or non-uniformed staff member can recommend an inmate as a potential candidate.
 - c) One member of the Suicide Prevention Unit should visit each tier on a regular basis for purposes of recruitment.
 - d) The job should be announced during inmate orientation periods (announced verbally if the orientation is oral, or written into the pamphlet if the orientation is written).
2. The initial screening of the applicants should be done by the Assistant Deputy Warden in charge of Custody and Security.
3. Two members of the Suicide Prevention Unit should then interview the applicants and make recommendations as to their capabilities to the Suicide Prevention Unit.
4. If necessary the Suicide Prevention Unit may wish to conduct a group interview with the applicant.
5. The applicant should be required to participate in two days of on the job orientation on a volunteer basis in order for him to illustrate his ability as a potential candidate. He should be made fully aware of this stipulation in the initial interview by the Suicide Prevention Task Force.

6. A final decision should be made by a minimum of two members of the Suicide Prevention Unit after a favorable report has been submitted regarding the initial screening, the interview and two days of on the job orientation.

Guidelines For Selection of Inmate Mental Health Auxiliary Aides

1. No candidate should be considered for an Inmate Mental Health Auxiliary Aide with the following conditions:
 - a) Excessive bail.
 - b) Escape risk.
 - c) Belief in a nihilistic life philosophy which might include viewing suicide as a desirable alternative.
 - d) A long history of institutional infractions for fighting.
 - e) Repetitive history of assaultive behavior.
 - f) Any observable actions, mannerisms or appearance which may indicate one's inability to cope with hostility, abuse or attack by inmates.
2. The Mental Health Auxiliary Aide should not be on, or should only receive a minimal amount of psychotropic drugs which affect state of alertness.
3. If applicant has been detoxified from drugs he should not be accepted for the position until thirty days have elapsed since his detoxification.
4. The applicant should not be disqualified if he is considered as a Mental Observation case. Such an individual should be judged according to his reality orientation and total integration.
5. Applicants can be chosen from both detained and sentenced populations.
6. The applicant should be housed in the institution for at least thirty days. If he was recently transferred from another institution and has not been in current institution for the thirty days, a report of the applicant's behavior should be obtained from the staff of the previous institution by the Suicide Prevention Unit.

7. An optimal number of trained potential candidates should be maintained at all times as an on going reserve. The Suicide Prevention Unit should maintain a list of the trained available candidates to be used by the Tour Commander in providing appropriate replacements when necessary. Provisions should be made for payment of wages for any time spent in training or worked after initial approval of candidates by Suicide Prevention Unit.
8. The Inmate Mental Health Auxiliary Aide should show:
 - a) Interest and motivation
 - b) Ability to work on a team
 - c) A fifth grade reading level and writing level
 - d) Interest in his own personal hygiene
 - e) Maturity
 - f) A beginning picture of the period of adjustment that an inmate goes through while in jail.

Some Suggested Questions for Interview of Inmate Auxiliary Mental Health Aide Applicants

1. What is it you like about yourself?
2. Have you ever been disappointed in yourself, and what did you do about it?
3. What are your plans when you get out of jail?
4. How do you feel right now? Are you nervous or tense?
5. Have you ever attempted suicide?
6. Does life seem worthwhile?
7. Do you get blue or sad? When?
8. Why should a man stay alive?
9. Are you afraid of seeing or touching dead bodies?
10. What makes you angry? How do you handle your temper?
11. What is guilt?
12. When you call "wolf" too often, what does it mean?
13. What does awareness mean to you?
14. What does identity mean to you?
15. How do you care about another person?
16. How do other people treat you?

17. What are your feelings about helping other people help themselves?
18. When was the last time you helped someone? And, why did you help them?
19. What is your opinion about the Court system? How does it work?
20. What do you think of being in jail?
21. What do you think of Correction Officers?
22. If you saw a guy in a sexual act in the prison, what would you do?
23. What is the difference between "reformed" and "rehabilitation"?
24. Why do you want to become an Inmate Auxiliary Mental Health Aide?
25. How would you help someone if they just finished detoxing and hadn't slept for 2 days.
26. If an inmate is acting out, what would you do?
27. Are you kind to people you don't like?
28. Is it necessary to keep promises?
29. Are you married? Do you have children?
30. What is suicide prevention?
31. If you had a choice (granted a wish) right now, what would you do (wish for)?

Training of Inmate Auxiliary Aides

The members of the Institutional Suicide Prevention Unit who will be responsible for and who will supervise the training of the Inmate Aides will be (1) the Director of the Mental Health Services and (2) the Assistant Deputy Warden in charge of Programs and Training. They will designate a member of the Mental Health staff and the Correctional staff who will provide the actual training. A Superior Officer, however, should provide at least one lecture to each group of trainees to insure that they become aware of the Correction Officer's role and responsibility in the area of suicide prevention.

The following two training modalities should be incorporated by the trainer and should be at the very least, the minimum of the training provided:

Training Modality #1

Techniques: (1) Lecture and discussion or
(2) Structured group or
(3) Informal group

Time: At least one (1) hour for each section

Assists: Audio cassette tapes will be available for the trainer that will develop each segment in more detail

Curriculum for Training Modality #1

1. Importance of the Art of Listening
 - a. Interviewing is a purposeful conversation.
 - b. Listening to people often is not fun.
 - c. Importance of silence.
 - d. Techniques in getting people to speak.
2. Observing and Reporting Behavior
 - a. How does the person deal with the world.
 - b. Changes in behavior.
 - c. How does he get along with the C.O. and his fellow inmates?
 - d. When and to whom to refer.
3. Personality and Abnormal Behavior
 - a. What is personality
 - b. Understanding self as a means to understanding others.
 - c. Anxiety, frustration, and conflict.
 - d. Defense mechanisms.
 - e. What do really mentally sick people look like.
 - f. Mentally ill people can be annoying.
4. Self-mutilation and Suicide
 - a. Definitions of both.
 - b. Why people injure themselves.
 - c. Suicidal "manipulation"
 - d. Role of Inmate Aide in preventing suicides.

5. Orientation to Institution

- a. Review of services available in institution and how to make referrals.
- b. Making promises and not keeping them.
- c. Role and responsibility of the Correction Officer.

6. Review of "Suicide Prevention" Manual

- a. Clarification of any part of the manual not understood.
- b. Final clarification of role of Inmate Aide and Team approach.

Training Modality #2

Jackson, Bellgin Larry: Suicide Prevention, Department of Correction,
New York, N.Y. October, 1973

Technique: Written material to be used as a supplement and as an addition to the classes.

Time: (1) The manual should be given to the Inmate Aide at the beginning of the training with instruction to read it and be ready to discuss it in class.

(2) One of the classes (listed in curriculum as class #6) to be used to review, reinforce, and clarify content of manual.

Assists: (1) The manual will be printed in both English and Spanish so that the Inmate Aide can read it in the language he is most affluent in, and therefore, understand it more readily.

(2) Audio cassette tapes will be made of the manual in both English and Spanish so that the Inmate Aide can utilize the audio tape as an assist to reinforce what he is reading, or, if he does not have good reading skills, he can listen to the tapes to facilitate his learning the content of the manual.

As stated previously, the above two modalities should be considered as the minimum of training to be given to the Inmate Aides. Another type of training that should occur simultaneously and on a continuous basis is on-the-job supervision.

Training Modality #3

The trainer should be encouraged to develop his/her own resources through the Academy, the Prison Mental Health Services and other City, State, and Federal agencies. If time permits, i.e. a group of inmates that have been trained is stable in the institution without turnover, then other training should occur such as use of audio/visual, human relations exercises, role-play aides, other lectures/discussion, case conferences, and other written materials.

Assignments

The Inmate Auxiliary Mental Health Aides should be assigned to:

1. All Mental Observation Units.
2. Any area where mentally disturbed or suicidal inmates are housed for example in general population due to overcrowding.
3. Detoxification Units.
4. Administrative Segregation Units.
5. Punitive Segregation Units.

Wages

1. All Inmates Aides should receive thirty cents per hour in every institution.
2. If a potential candidate held in reserve is not working or being trained, he will not be paid. Special provisions shall be provided to pay the reserved candidates who are not on the regular payroll for part-time work or training.

Hours

An Inmate Aide should be assigned to no more than a 40 hour week. His schedule may be rotated in order that his assigned area may be covered on a twenty four hour, seven days a week basis. An Aide should not be employed in another position.

Privileges

Under no circumstances should an Inmate Auxiliary Mental Health Aide be denied any privileges such as commissary, school, movies, visits, library, gymnasium, etc.

Accountability

The Inmate Auxiliary Mental Health Aide should report directly to the "A" Correction Officer and the Mental Health Services Staff Member assigned to the particular area in all instances with the exception of Branch Queens House of Detention for Men and the Rikers Island Hospital. In Branch Queens they will report jointly to the Correction Officer and the Nursing staff. In Rikers Island Hospital, they will report jointly to the Correction Officer and the Director of the Mental Health staff.

Team Work Approach

The Inmate Auxiliary Mental Health Aide should at all times assist the Correction Officer in a team work approach. In other words, the Inmate Auxiliary Mental Health Aide will be part of a team consisting of the Correction Officer, the Inmate Aide and the Mental Health staff. The importance of Correction Officer involvement with the Aides should be strongly emphasized. Special attention should be given to the importance of the team concept of cooperating and working closely with each other.

Because of the sensitivity of the nature of being assigned to areas housing inmates requiring special observation, it is strongly recommended that Correction Officers be assigned on a steady basis instead

of being rotated in order that they may be able to establish a sense of rapport with the inmates and, therefore, gain a sense of trust. Correction Officers and Mental Health Staff selected to compose the team should possess the following:

- a) Interest in care, well being and behavior of mentally disturbed
- b) Empathy
- c) Ability to accept Inmate Auxiliary Mental Health Aide and communicate with him as member of team.
- d) Ability to exchange knowledge of inmate behavior problems or conditions with each other. For example, psychiatrist may broaden his scope of knowledge regarding particular inmate by consulting Correction Officer or he may inform Correction Officer or Inmate Aide of certain behavioral patterns expected of inmates housed in area derived from his diagnosis.
- e) Alertness, sensitivity, perceptiveness, emotional stability and sound judgement.

Training of Correction Officers and Mental Health Staff

The training to be provided within each institution will be in addition to previous training provided for the Mental Health Staff or training provided at the Center for Correctional Training.

The members of the Institutional Suicide Prevention Unit who will be responsible for and who will supervise the training of the Correction Officers and Mental Health Staff assigned to areas in which Inmate Aides are assigned will be (1) the Assistant Deputy Warden in charge of Programs and Training and (2) the Director of the Mental Health Services. They will designate a member of the Mental Health staff and a member of the uniformed force who will provide the actual training.

The following training modality should be incorporated by the trainer and should be at the very least, the minimum of the training provided:

Training Modality

Technique: Structured or Informal Group Seminars: Discuss with the Correction Officers and Mental Health staff assigned subject. Closure should be provided by a review and restatement at the end of the session.

Time: At least one (1) hour for each session.

Assists: Audio cassette tapes will be available for the trainer that will develop each segment in more detail.

Curriculum

1. Securing Information

- a. Interviewing techniques
- b. The art of listening
- c. The role of silence
- d. Information gathering techniques
- e. Making commitments

2. Observing and Communicating Behavior

- a. Normal coping mechanisms
- b. Behavioral changes
- c. Dynamics of human relationships and the roles they play in observation of others
- d. When and to whom to refer

3. Abnormal Psychology

- a. Personality
- b. Understanding self as a means to understanding others
- c. Anxiety, frustration, and conflict
- d. Defense mechanisms
- e. Psychopathology
- f. How to relate to the mentally ill

4. Self-injurious Behavior

- a. Definition, including self-mutilation and suicide
- b. Behavioral causes
- c. Suicidal "manipulation"
- d. Role of the Correction Officer in preventing suicides

5. Review of Manual of Suicide Prevention

- a. Clarification of any part of the manual not understood.
- b. Final clarification of Suicide Prevention Unit and Suicide Prevention Team, including the role of the Inmate Aide and the Mental Health staff; Team approach.
- c. How to assist in the training of Inmate Aides utilizing the manual.
- d. Orientation to correctional needs and orientation towards the mental health approach and how the two meet and/or conflict.

As stated previously, the above modality should be considered as the minimum of training to be given to the Correction Officers and Mental Health staff. Another type of training that should occur simultaneously and on a continuous basis is on-the-job supervision. The trainer should be encouraged to develop his/her own resources through the Academy, the Prison Mental Health Services and other City, State and Federal Agencies. If time permits, other training should occur: use of audio/visual, human relations exercises, role-play aides, other lectures/discussions, case conferences, and other written materials.

Areas of Responsibility

The "A" Correction Officer and or Mental Health Services Staff Member and or Nursing staff depending upon the particular facility will provide supervision for the Aides on a seven day, twenty four hours a day basis. In order to utilize Inmate Aides on a seven day, twenty four hours a day basis, the following security conditions must prevail:

- a) In institutions with an Officer's walk, no additional Officers will be required than those already scheduled.
- b) In institutions where the Correction Officer must enter the Observation Area and be in contact with the Inmate Aide(s) there must be at least two Correction Officers assigned so that security can be provided for the Officer entering the Observation Area at all times.

Manual of Suicide Prevention

It is recommended that the Manual of Suicide Prevention be distributed to the entire staff in all Correctional facilities including hospital prison wards, court pens, work release centers and Rikers Island Hospital. The main purpose of the manual is to provide a source of information which will enable one to be in a position to better identify suicidal behavior. It is also designed as a training mechanism that can be easily incorporated into the team concept of Correction Officer, Mental Health staff and Inmate Aides. While the suggestions for solutions for the most part will not be the final actions taken, they will provide instructions on what to do until further assistance arrives.

Log Book

The Task Force recommends that all important information be recorded in a Special Observation Log Book to be maintained at the Correction Officer's post in any area in which Inmate Aides are assigned. It is imperative that a written record be kept of what is known and observed about behavioral patterns of inmates housed in these areas. As the information is observed or relayed to the Correction Officer by the Mental Health staff or Inmate Aides it should be entered in the Log Book. This information may serve as a means of documented communication for other members of the team. Each oncoming team of Correction Officers, Mental Health staff and Inmate Aides should review entries made in the log during the previous tour in addition to verbally exchanging information with off-going team before starting work assignments.

The Log Book should contain:

- a. Admission notes
- b. New information on inmates (next Court date, dropped warrants, etc.)
- c. Changes in behavior
- d. Inmate transfers: why no longer there and where he was transferred to.
- c. Referrals made, who responded to them, and when; action taken.
- f. If an inmate does not speak English, what language he does speak.
- g. Notes from Mental Health staff.

When information is recorded, it should reflect the person's name, cell number or bed location and admission date. Each entry should be noted with the time, the Correction Officer's name and badge number making the entry and the name of the Inmate Aide if he reported the information.

Examples of Log Book Notes

Time of each entry should be carefully noted and the Officer making the entry should sign his name.

An Admission Note

(How he looks)

3:00 P.M.

John Doe, cell 1L3, admitted October 30, 1973 at 2:30 P.M. He speaks only Spanish. His clothes appear shabby, sloppy (or clean).

(How he presents himself)

He looks depressed. He talked in a whisper. Did not say much. Sat on his bed. Did not move much. Mostly talked about his wife not knowing where he is.

(What he talked about)

He called his wife, Jane, and talked with her. She will visit tonight.

Correction Officer
John Jones #187

A Referral Note

2:30 P.M. John Edwards, cell #1L20, admitted 10/28/73. A deaf-mute was referred to the Mental Health staff. He was seen by Dr. Smith, who will get a special volunteer to help him.

Correction Officer
John Jones #187

A Transfer Note

3:17 P.M. John Edwards, cell #1L20, admitted 10/28/73 transferred to Rikers Island Hospital for medical tests.

Correction Officer
John Jones #187

A Follow-Up Note

4:00 P.M. John Doe, was walking up and down cell, waving hands. Sounds angry and scared. Says he refused to stay in jail or go to Court. Talked of life not being worth living and that he would be better off dead. Action reported by Inmate Aide Mendez. Referred to Mental Health staff immediately.

Correction Officer
Joe Smith #1121

or

4:30 P.M. Joe Doe, did not talk with me much. Kept looking over his shoulder and talking to who he thought was back there - his mother who keeps waving goodbye to him. Mental Health notified by phone to see him.

Correction Officer
Joe Smith #1121

An Every Day Note

2:00 P.M. Talked with John Doe, cell 1L3, Admitted 10/30/73. NACC warrant dropped today. He is upset. Called his lawyer, no answer. I asked him to keep trying. Follow up.

Correction Officer
John Jones #187

New York City Correctional Institution For Women

In meeting with the Superintendent, the Assistant Deputy Superintendent in charge of Custody, the Training Officer and the Psychologist in the New York City Correctional Institution for Women the consensus was that the institution had no need for such a program. It was noted that the overall atmosphere of the institution provided a situation in which the women were less confined, participated in more activities and programs, worked in closer relationships with fellow inmates and Officers and therefore, tended to confide in each other or with Officers if problems arose. It was admitted, however, that such incidents as breaking windows do occur which may result in injuries but these are felt to be attention gestures.

Due to an intense inservice training program conducted by the Training Officer under the direction of the Psychologist, Correction Officers and civilians are being trained to better identify any unusual behavior or any person showing emotional stress in order that they may be referred to the proper Mental Health staff. Courses in Spanish are also being conducted within the institution to assist the officers with the problems of the Hispanic population.

Currently, inmates exhibiting suicidal behavior are placed in rooms on Two Main under special watch by Correction Officers and Mental Health staff or if deemed necessary they are sent to Elmhurst Hospital Prison Ward for further evaluation. While the Task Force agrees that the general operation of the Institution lends itself to an atmosphere not particularly conducive to suicidal behavior, it fails to agree with the policy of housing those inmates requiring special watch or treatment in rooms in the same area as those requiring administrative and punitive segregation. A dormitory or infirmary setting for inmates requiring special observation would seem more preferable.

Inmate Auxiliary Mental Health Aide Task Force

In order to implement a successful Inmate Auxiliary Mental Health Aide Program that can be coordinated throughout Correctional Facilities it is evident that an organized system must be developed that will take that responsibility and provide accountability. Such a system as here described, an independent Suicide Prevention Task Force, will be able to reach into each institution and its tiers with members from both the Department of Correction and Mental Health staff at all levels. The Task Force will develop procedures to implement the heretofore outlined procedure and provide a monitoring system

on a uniform basis in all Institutions. It will provide a system of communication of information and knowledge through the Suicide Prevention Team within each Institution and serve as a vehicle for the same knowledge and information from institution to institution. Such a Task Force will provide a consistent process of analysis, development, action, training and evaluation. Its tasks would include:

1. Collection of data concerning suicidal behavior within the prison system and any other pertinent data that would improve the effectiveness of the Inmate Auxiliary Mental Health Aide Program. This would also include a collection of data from other prison systems throughout the country involving similar programs and organizations in terms of techniques, programs and operations.
2. Examination and analysis of the roles, communications and interactions of identifiable groups such as Correction Officers, Mental Health staffs, superior officers, Administration, Receiving areas, Transportation, etc. with inmates housed in special observation areas.
3. Examination and analysis of the roles, communications and interactions of other Agencies with the same inmates, such as the Police Force, the Courts or the Court Psychiatric Clinics as means of making future recommendations.
4. Identify and assist in the implementation and changing of policies and procedures that would improve the effectiveness and management of the program in meeting the needs of inmates housed in special observation areas.
5. Develop and maintain a system of internal checks and balances for the stated policies and procedures.
6. Develop and maintain a set of standards regarding the operation of the program in all institutions with exceptions to individual institutional constraints.
7. Work with the Death Review Board regarding circumstances of suicidal deaths.

8. Develop procedures for compensation for the Auxiliary Mental Health Aide if he is injured on the job.
9. Develop a system of follow up on all those who have attempted suicide while incarcerated.
10. Develop a procedure of record flow and information flow for Mental Observation Inmates including information regarding previous mental histories and hospitalization, previous behavioral patterns or problems and other pertinent medical information such as epileptic seizures, medication etc.

Its membership should include:

1. Deputy Commissioner of Department of Correction or his representative.
2. Director of Psychiatry, Prison Mental Health Services or his representative.
3. One Warden.
4. Member of the Board of Correction.
5. Representative from the Center for Correctional Training.
6. Psychiatrist consultant from the Death Review Board.
7. Coordinator between the Suicide Prevention Units within the institutions and the Task Force.
8. Coordinator of Inservice Education and Training, Department of Psychiatry.

Means of Implementation

1. Introductory Meeting with Deputy Commissioner, Chief of Operations and Wardens in Central Office.
2. Seminar with Warden in each institution with members of Suicide Prevention Unit as outlined on page 5, Assistant Deputy Warden in charge of Custody and Control and his Captain and as many additional Mental Health and Correctional Personnel who will be involved with special observation areas as possible. At this session members of the existing Task Force will introduce the entire program explaining the function and operation of each phase. At least one day should be reserved in order to provide time for questions and discussion.
3. Tapes will be offered of suggested prepared sessions for training of Aides and Correction Officers following the outlines for training.

4. Assistance will also be offered by the Task Force through the Warden to any institution in the initial implementation.
5. Development of Institutional Orders and Procedures for implementation of program through Director of Operations.
6. After implementation, regular meetings will be held once a month at alternate institutions. A representative of the Suicide Prevention Team in that institution should be prepared to offer a presentation and discussion of institution's program as a learning process for comparison and discussion.
7. After three months, the Wardens of all of the Institutions should be requested to meet with the Task Force, the Deputy Commissioner and the Director of Operations in a feedback session.
8. A six month evaluation should be made by a person not involved in either the original or the existing Task Force. Feedback should be made available to the Task Force.

Recommendations

In accordance with the above outlined proposal it is imperative that the Inmate Auxiliary Mental Health Aide Program be instituted as a Teamwork approach as previously outlined in all male institutions on an immediate basis. Special consideration should be given to the initiation of the program in the New York City Correctional Institution for Men to cover the entire cell area. Even though the Task Force recommends that the program not be instituted in the New York City Correctional Institution for Women it is strongly deemed necessary by the Task Force that a special dormitory or Infirmary setting be utilized for Mental Observation. Under no circumstances should inmates in need of mental observation be housed in the areas reserved for punitive and administrative segregation.

The following recommendations are submitted:

Coverage

1. In cases where only one Correction Officer is covering a two man post at a Male Hospital Prison Ward for a limited period of time, the male sentenced help assigned to the hospital prison ward should be trained as Inmate Aides. At least two sentenced help should be assigned to both Bellevue Hospital and Kings County Hospital Prison Wards to afford additional protection during these periods.

2. In institutions where the Correction Officer must enter the Observation Area and be in contact with the Inmate Aide(s) there must be at least two Correction Officers assigned so that security can be provided for the Officer entering the Observation Area at all times.

3. Every effort should be made by each commanding officer to select steady officers to work in the special observation areas. These Correction Officers should also assist in conducting the special on the job orientation of Aides after attending training sessions.

4. Mental Health staff coverage should be implemented in all institutions on a seven day a week, twenty four hour basis.

5. Inmate Aides should be chosen from a wide segment of both detainee and sentenced populations in order to afford all inmates housed in special observation areas ethnic representation, therefore, establishing a stronger sense of rapport and easier communication. In addition to other language spoken, each Aide should have knowledge of English, however.

6. Inmate Aides should not be allowed to hold other jobs at the same time.

7. Inmate Aides should work no more than a forty hour week.

8. Inmate Aides should have access to coffee and snacks during night shifts while they are working and should not lose privileges as a result of their working.

9. Inmate Aide must be visible at all times in his assigned area.

10. Inmates Aides and their alternates are not to be placed on overflow.

11. Designated members of the Mental Health staff should visit the Mental Observation, disciplinary segregation areas, administrative segregation and detoxification areas daily.

CPL 730's and Psychiatric Evaluations

12. All inmates with court ordered CPL 730 psychiatric examinations should be automatically and immediately referred to and seen by Mental Health staff in that institution upon arrival or return from court. Special record keeping procedures should be developed to insure compliance with court orders within a thirty day period, for example, institutional folders may be flagged with a brightly colored sticker or filed in a special drawer as a reminder that inmate is to be scheduled and sent for psychiatric evaluation within a thirty day period.

13. Mental Health staff should explain to an individual who gets a court ordered CPL 730 psychiatric examination exactly what that status means especially in terms of time, whether or not he is held without bail and why.

14. A summary of all mental health evaluations performed by institutional psychiatrists or psychologists should be given to the Correction Officer on the tier so that pertinent information can be logged in the Observation Log Book. This should consist of any information which would assist the Suicide Prevention Team in dealing intelligently with the inmate and his problems.

15. A special form should be devised by the Suicide Prevention Task Force to be returned to the institution with inmate after all CPL 730 evaluations or emergency psychological evaluations containing clinical summary of diagnosis and recommendations regarding suicidal potential, prognosis and treatment.

Rikers Island Hospital

16. Before the program can successfully operate in the Rikers Island Hospital the following conditions must prevail:

- a) Solutions to maintenance problems including replacement of broken windows, cleaner sanitary conditions, and proper distribution of basic care services, for example, sheets, blankets.
- b) Inmate Aides should be recruited from the detainee population housed within the hospital in addition to those recruited from the New York City Correctional Institution for Men.
- c) On going reserve of trained potential candidates to be maintained in the New York City Correctional Institution for Men should be sufficient in number to cover the needs of the Hospital.
- d) All Aides should be housed in or near work assignment areas.

Housing - Accomodations

17. An institutional procedure should be established so that those returning from State Hospitals for indictments, reexaminations or order of retention hearings should be seen and evaluated by Mental Health staff as soon as possible. Special Observation watch sheets should be placed on inmates until the Mental Health staff evaluates the patient and the Department of Correction staff receives an acknowledgement in writing that the watch sheet can be lifted. In all instances inmates should be housed in Mental Observation Areas until such evaluation is completed or it is felt that a proper adjustment has been made by inmate returning to jail setting.

18. Ambu bags on each mental observation floor should be tested and considered a function of the daily counts.

Referrals

19. All mental observation and suicidal inmates who refuse medication should immediately be referred to the Mental Health staff.

20. All acts of self-mutilation should be referred to the Mental Health Staff.

21. Infractions involving serious assaultive acts should be reported to the Mental Health Staff.

22. Any unusual behavior or previous mental disorder history detected in the Receiving Room should be referred to the Mental Health Staff immediately.

23. Personnel charged with custodial care in transporting of inmates who notice unusual behavior should notify receiving institution of it in writing so that they can in turn report it to the Mental Health Staff.

24. Anyone charged with murder, rape or arson should be referred to Mental Health Staff.

25. All first offenders regardless of offense should be referred to Mental Health Staff.

26. All inmates returning to institutions after sentencing should be referred to the Mental Health Staff.

Transfers

The Mental Health Staff should prepare a written report on any inmate with a psychiatric problem at the time of his transfer out of that institution. A duplicate copy of this report should be enclosed in a sealed envelope and attached to the bottom of the accompanying card by staples so as not to obstruct the demographic

information. It should be addressed to the Mental Health Director of the receiving facility with a notation stating "mental health letter enclosed" to be entered in the remarks section of the accompanying card.

Log Book - Communication

28. All important information relating to inmates housed in Special Observation Areas should be recorded by the Correction Officer in the Special Observation Log Book according to examples shown. ✓

29. Each on coming shift should check Log Book before starting work assignments for entries made during previous shift in addition to verbally reviewing notes with shift leaving duty.

30. Significant information from the Log Book relating to an inmate housed in special observation areas should be entered in the inmate's permanent record file.